

rural electric cooperatives, and crop subsidies provided by the USDA. The effect of these changes would be to increase direct spending by \$20 million in 2002 and decrease direct spending by about \$200 million over the 2002-2012 period.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT

CBO has determined that provisions of the bill requiring the Secretary of the Treasury and the General Accounting Office to report the results of certain studies contain no intergovernmental mandates as defined in UMRA and would not affect the budgets of state, local, or tribal governments. JCT has determined that the remaining provisions of the bill contain no intergovernmental mandates as defined in UMRA. The bill contains no private-sector mandates as defined by UMRA.

Estimate prepared by: Revenues: Erin Whitaker (226-2720); Federal Costs: Lisa Cash Driskill, and Dave Hull (226-2860); Impact on State, Local, and Tribal Governments: Susan Sieg Tompkins (225-3220); and Impact on the Private Sector: Paige Piper/Bach (226-2940).

Estimate approved by: G. Thomas Woodward, Assistant Director for Tax Analysis and Robert A. Sunshine, Assistant Director for Budget Analysis.

LET US REMEMBER THE CHILDREN

Mrs. CARNAHAN. Madam President, nearly 2,000 years ago, a "poll" was taken on the road between Jericho and Jerusalem. We are told that only one out of three was willing to turn from their personal pursuits to help someone who had been physically assaulted and left without care. This story of the Good Samaritan is an ancient and familiar teaching. We must be the people today who will pause in our own pursuits to help heal the wounds in our society.

April is Child Abuse Prevention Month. Today I want to challenge all of us to face this horrific national tragedy head on. We should never lose sight of the pressing needs of our most precious resource, our children. Across the nation, neglect and abuse figures reach 2.5 million. Not only has the reported number of abused and neglected children increased, but their problems are more severe and difficult to treat. Abuse is not new, nor is it likely to go away, but I believe we are lowering the tolerance for this kind of behavior. Policy makers, community leaders, educators and parents came together on April 1st in Kansas City to demonstrate their commitment to the issue. These are the types of actions we need to help build strong families and eliminate the circumstances leading to abuse.

As legislators, we are making significant strides in our crusade against abuse. I supported \$82.6 million in continued funding of the Child Abuse Prevention and Treatment Act during the appropriations process. President Bush signed the appropriations bill into law on January 10, 2002.

I was pleased to support the Promoting Safe and Stable Families Amendments Act that the President also recently signed into law. This bill

reauthorizes and expands several programs designed to help children and families in high-risk situations. Specifically, the bill established grants for programs for mentoring children of prisoners, and amends the Foster Care Independent Living program to provide for educational and training vouchers for youths aging out of foster care. It also extends adoption assistance eligibility and prevents states from opting out of criminal background checks for foster and adoptive parents.

In addition, I have cosponsored a bill, which would restore the Social Services Block Grant (SSBG) funding. Missouri uses its Social Services Block Grant funds to provide aid to families and children with identified problems in the areas of child abuse and neglect, and services to juvenile offenders committed to the custody of the State's Division of Youth Services as well as other services to our most vulnerable citizens. I am committed to increasing funding for this important program.

Yes, we have had significant victories, but there is much left to do. As long as there is one child that needs our help, we must remain committed.

In closing, let me share a few lines from a poem I ran onto recently. I hope you will keep its vivid imagery before you as we continue to search for solutions.

Let us remember the children
who can't bound down the streets in a new
pair of sneakers,
who never go to the circus,
who live in an X-rated world.
Let us remember the children
who have no safe blanket to drag behind
them,
whose pictures aren't on anybody's dresser,
whose monsters are real.
And let us remember the children who want
to be carried and for those who must,
for those we never give up on and for those
who don't get a second chance,
for those who cling to the shadows and for
those who will grab the hand of any-
body kind enough to offer it.

VA RESEARCHERS IDENTIFY ORAL TREATMENT FOR SMALLPOX

Mr. ROCKEFELLER. Madam President, as the Chairman of the Committee on Veterans' Affairs, I am committed to focusing a spotlight on findings by researchers at the Department of Veterans Affairs, VA. For too long, VA researchers have labored with only the recognition of their peers to acknowledge the excellent caliber of VA research into the treatment of a wide range of diseases.

A recent finding—the discovery of a drug that might help us fight smallpox, the most feared weapon in bioterrorists' arsenal—offers real hope for protecting our Nation against the threat of bioterrorism. This discovery demonstrates again how integral VA's efforts are not only to public health and research, but to domestic security.

VA's Medical Research Service may not support as many projects as the NIH, but its work has yielded effective

treatments for diseases that include schizophrenia, diabetes, cancer, depression, heart disease and stroke. Some of my colleagues may know that VA's expertise in prosthetics and spinal cord injury research is unparalleled; fewer may be aware that VA researchers pioneered the concepts that allowed development of the CAT scan and MRI, the cardiac pacemaker, and safe kidney and liver transplants. VA researchers have demonstrated the best clinical practices for detecting high cholesterol and colon cancer, launched a large-scale study to determine the best way to treat HIV infection, and started a landmark clinical trial to treat Parkinson's disease.

In March, VA researchers announced another breakthrough finding. Two VA researchers, Dr. Karl Hostetler and Dr. James Beadle of the VA San Diego Healthcare System, worked with military and academic colleagues to develop a drug that could be the best tool we have yet to protect the public from the threat of smallpox.

Until recently, only vaccination could be used to stop the spread of a smallpox epidemic. Because doctors eradicated naturally occurring smallpox in the 1960's, the smallpox vaccine has been neither manufactured nor used regularly in decades, leaving the American population vulnerable to a deliberate attack by terrorists. Although HHS recently accelerated and expanded a plan to vaccinate the U.S. population, the vaccine doses will not be ready for some time, and are not without risk of potentially serious side-effects.

Although researchers proved several years ago that an existing drug called cidofovir could prevent smallpox from multiplying and spreading, this drug had to be administered intravenously, over the course of at least an hour. In the case of an epidemic, it would simply be impossible to treat every person at risk.

Drs. Hostetler and Beadle and their colleagues developed a powerful form of this drug that can be taken as a pill or a capsule. Although this research is still in its early stages, VA and military scientists showed that a few oral doses of this drug each day protected animals completely against a virus closely related to smallpox. In the near future, we may be able to contain any potential outbreak of smallpox using this simple medication, rendering smallpox useless as a biological weapon.

This research promises to bear fruit not only for emergency medical preparedness, but for those who must take cidofovir to treat more common but still devastating viral infections.

This work grew from a collaboration between VA, military, NIH, and academic researchers. As I have said many times, we cannot in these times neglect any resource available to us when confronting potentially catastrophic threats to this nation's health, whether in offering medical care or developing